

## *South Carolina DDSN Preventive Health Care Recommendations for Adults*

	19 - 29 Years	30 - 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
<b>Physical Examination</b> At Every Age 1. Obtain initial/interval history. 2. Perform age appropriate physical exam. 3. Provide preventive screenings 4. Update immunizations 5. Update Major Problems List	Annually	Annually	Annually	Annually	Annually
<b>Cancer Screening</b>					
<b>Breast Cancer</b>	1. Perform clinical breast exam and quarterly breast assessments. 2. Mammogram for patients at high risk. <i>Risk factors include:</i> <ul style="list-style-type: none"> <li>Family history of pre-menopausal breast cancer (mother or sister),</li> <li>Personal history of breast/ovarian/endometrial cancer.</li> </ul>		1. Perform clinical breast exam and quarterly breast assessments. 2. Mammogram every 1-2 years at discretion of primary care prescriber.		
<b>Cervical Cancer (Pap Test)</b>	1. Every 1-3 years for women who have been sexually active and have a cervix. 2. Three-year intervals generally begin after 3 consecutive negative results. 3. Screening may not be necessary if the patient has had a total hysterectomy for non-cancerous disease. <i>Risk factors include:</i> <ul style="list-style-type: none"> <li>Failure to receive regular Pap tests,</li> <li>History of cervical tumors,</li> <li>Infection with HPV (Human Papilloma Virus) or other sexually transmitted diseases,</li> <li>High-risk sexual behavior,</li> <li>HIV/AIDS.</li> </ul>				1. Every 1-3 years at physician discretion. 2. The Pap test may be omitted after age 65 if there is documented evidence of regular previous screenings that are consistently normal.

## *South Carolina DDSN Preventive Health Care Recommendations for Adults*

	19 - 29 Years	30 - 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
Colorectal Cancer	Not routine except for patients at high risk. <i>Risk factors include:</i> <ul style="list-style-type: none"><li>• Personal/family history in a first-degree relative</li><li>• Specific genetic syndromes</li><li>• Inflammatory bowel disease</li><li>• Non-cancerous polyps.</li></ul>			1. Annual fecal occult blood test (FOBT) plus ( at discretion of the MD) a sigmoidoscopy every 5 years OR  2. Annual fecal occult blood test (FOBT) plus, (at the discretion of the MD) a colonoscopy every 10 years.  Each of the screening strategies has advantages and disadvantages. Decisions about the level of screening should be based on Risk/Benefit analysis including anticipated effectiveness, strength of evidence, and complexity of each testing strategy.	
Prostate Cancer	Prostate cancer screening not routine.		Perform Digital Rectal Exam (DRE) and Prostate Specific Antigen (PSA) for patients at high risk for prostate cancer.  <i>Risk factors include:</i> <ul style="list-style-type: none"><li>• Family history</li><li>• African-American ancestry.</li></ul>	Perform Digital Rectal Exam (DRE) and Prostate Specific Antigen (PSA). (The PSA should be performed only if life expectancy is over 10 years.)	
Testicular Cancer	Perform clinical testicular exam on a quarterly basis (or in conjunction with other health examinations) and as a part of annual physical examination.				
Skin Cancer	Periodic total skin exams at least annually. Frequency at physician discretion based on risk factors.  Risk factors include: age, personal history of skin cancer or repeated sunburns early in life, family history, certain types and a large number of moles, light skin, light hair and light eye color, sun-sensitive skin, and chronic exposure to the sun.				

## *South Carolina DDSN Preventive Health Care Recommendations for Adults*

	19 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
<b>Other Recommended Screening</b>					
<b>Hypertension</b>	At every acute/ non-acute medical encounter and at least once every year at time of annual physical examination.				
<b>Cholesterol</b>	Every 5 years beginning at age 19 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride). If the testing opportunity is non-fasting and total cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow up lipoprotein profile should be performed.				
<b>Diabetes (Type 2)</b>	<p>Every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if risk factors are present. Risk factors include: age, first-degree relative with diabetes, physical inactivity, race/ethnicity (African American, Hispanic, Native American, Asian), high blood pressure, elevated cholesterol/lipid levels, history of gestational diabetes or birth of a baby &gt; 9lbs, impaired glucose tolerance or polycystic ovary syndrome.</p> <p>A fasting blood sugar is the preferred diagnostic test. The 2-hour oral glucose tolerance test is also acceptable. See MA Department of Public Health Diabetes Prevention and Control Program information at <a href="http://www.state.ma.us/dph/fch/diabetes/">www.state.ma.us/dph/fch/diabetes/</a>.</p>				
<b>Sexually Transmitted Diseases (Chlamydia, Gonorrhea, &amp; Syphilis)</b>	<p>For Chlamydia and Gonorrhea:</p> <ul style="list-style-type: none"> <li>Sexually active patients under age 25: Screen annually.</li> <li>Patients age 25 and over: Screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners in last 3 months, new partner since last test, history of and/or current infection with sexually transmitted disease, partner has other sexual partner(s).</li> <li>Screen pregnant women in first and third trimesters.</li> </ul> <p>For Syphilis:</p> <ul style="list-style-type: none"> <li>Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males.</li> <li>Screen pregnant women at the first prenatal visit and in the third trimester, if at risk.</li> </ul>				
<b>HIV</b>	<p>Periodic testing of all patients at increased risk &amp; testing of pregnant women at increased risk.</p> <p><i>Risk factors include:</i></p> <p>Having received blood or blood products prior to 1985, homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high risk behaviors, and inconsistent use of condoms.</p>				
<b>Hepatitis C</b>	<p>Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.</p>				
<b>Tuberculosis (TB)</b>	<p>Annual tuberculin skin testing in accordance with regulatory standards, agency policy, and CDC Guidelines</p> <p><i>Risk factors include:</i></p> <p>Anyone in congregate living situations. For those in independent living situation: having spent time with someone with known or suspected TB, having HIV infection, coming from a country where TB is very common, having injected illegal drugs, living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.</p>				
<b>Vision Assessment</b>	General ocular (vision) screening as part of annual physical examination				

## *South Carolina DDSN Preventive Health Care Recommendations for Adults*

	19 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
Comprehensive medical eye exam (including testing for glaucoma)	1. At least once for patients 19-29 with no risk factors. 2. At least twice for patients 30-39 with no risk factors. 3. Every 3-5 years in high-risk patients. <i>Risk factors include:</i> African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia.		Every 2-4 years.	Every 2-4 years.	Every 1-2 years.
Comprehensive audiological examination	Audiological examination by audiologist recommended. If normal, repeat every three years. If abnormal repeat in 1 year				
Hearing Assessment	General hearing screening as part of annual physical examination				
Osteoporosis	<ul style="list-style-type: none"><li>Consider preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.</li></ul>		<ul style="list-style-type: none"><li>Consider risk of osteoporosis in all post-menopausal women. Risk factors include: age, female gender, family/personal history of fractures as an adult, race (Caucasian/Asian), small-bone structure and low body weight (under 127 lbs.), certain menopause or menstrual histories, lifestyle (smoking, little exercise, etc.), and certain medications/chronic diseases.</li><li>Consider risks and benefits of hormonal and non-hormonal therapies.</li><li>Provide BMD testing for all postmenopausal women who have one or more additional risk factors for osteoporotic fracture.</li><li>Consider preventive measures related to fracture risk, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.</li></ul>		<ul style="list-style-type: none"><li>Provide BMD testing for all regardless of risk.</li><li>Specific environmental measures to prevent falls.</li></ul>
Dementia/Cognitive Impairment in the Elderly				<ul style="list-style-type: none"><li>Be alert for possible signs of declining cognitive function in older patients.</li><li>Evaluate mental status in patients who have problems performing daily activities.</li><li>Examine patients suspected of having dementia for other causes of changing mental status, including depression, delirium, medication effects, and coexisting medical illnesses.</li></ul>	
Menopause Management			<ul style="list-style-type: none"><li>For all menopausal women, evaluate the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies.</li></ul>		